

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Fresno			
Division, Department, or Region (if applicable) Facilities & Major Projects Division			
Street Address 2101 G Street, Bldg. A, Fresno, CA 93706			
Area Code/Phone Number 559-621-1487	E-mail facilitiesmgmt@fresno.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Melodee Schwamb, Management Analyst III			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 08 / 10 Description of Event: Fresno Grizzlies Baseball Skybox Tickets
_____/_____/____ Face Value of Ticket: \$ 376.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC

Number of Tickets Received: 12 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Sterling, Cynthia	12	To distribute according to section 18944.1

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Councilmember Cynthia Sterling, District 3

Name of Individual or Organization: Saint West Baptist Church Number of Tickets: 12

Description of Organization: Youth Ministry

Address of Organization: 1550 E. Rev. Chester Rivkin Av. Fresno, CA 93706
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Participants in youth ministry to go on field trip.

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Carl L. Jones CARL L. JONES Chief of Staff 5/11/10
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)